

Pratt Unified School District No. 382

401 North Ninnescah
Pratt, KS 67124
620-672-4500
FAX 620-672-4509

SUE PEACHEY, President
TOM JONES, Vice-President
TERESA MILLER, Member
WILLIAM BETH MILLS, Member
PAUL OLSEN, Member
BRUCE PINKALL, Member
MIKE WESTERHAUS, Member

KENNETH R. KENNEDY, Superintendent
DONNA DAVIS, Assistant Superintendent
LINDA KUMBERG, Clerk
DANIEL E. MEYERS, Treasurer
ROBERT EISENHÄUER, Attorney
MIKE JOHNSTON, Attorney

DOCKET

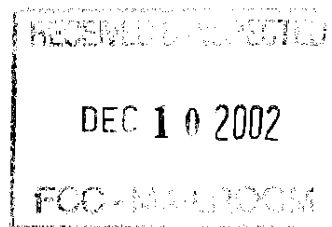
ORIGINAL

Request for Waiver

CC Docket Nos. %45 and 97-21

Contact Information

Bob Lee, District Technology Director
Pratt Unified School District No. 382
401 N. Ninnescah
Pratt, KS 67124
Phone: (620) 672-4550
Fax: (620) 672-4559
Email: hob.lee@usd382.com



To Whom It May Concern:

This letter is a request for waiver of the Form 471 filing deadline for Funding Year 2002-2003. Below is an account of the steps taken and the circumstances which have led to this request. This request is being filed on behalf of Pratt Unified School District 382, Billed Entity 137896, Form 471 Application Number 315157.

Pratt USD 382 posted a Form 470 application on November 21, 2001. The Form 470 application number is 290010000382173. This 470 application listed the requested services as Telecommunications – WAN services connecting 5 sites along with Internet services to be delivered via 5 frame relay lines. The Allowable Contract Date was December 19, 2001. During this 28-day waiting period, the decision was made to discontinue the 5 frame relay connections and commence using one T-1 frame relay connection. This decision was made to first, save Pratt USD 382 money and second, reduce the requested funding amount through Erate. Due to this change of service, a second Form 470 was required to be filed. This was done to match the requested services and discounts to those being received. The second Form 470 was filed on December 18, 2001. The Form 470 application number is 800470000405049. The Allowable Contract Date for this Form 470 application became January 15, 2002. The Form 471 was completed and successfully submitted online on January 16, 2002. Once the Form 471 was submitted online, Block 6 was printed and presented to be signed with an authorizing person's signature. This signature was to be Pratt USD 382 Superintendent of Schools. This block was printed and taken to the Central Office for that signature and to await submission. All steps were completed on the afternoon of January 16, 2002. The Superintendent was out of the office that afternoon. He was in attendance at a conference on the morning of January 15, 2002 and did not return to the office until the morning of January 18, 2002. The superintendent signed the certification block on the morning of January 18, 2002 and placed it in the mail in an appropriate and timely manner. All applications with confirmation of dates accompany this memo.

No. of Copies rec'd _____
List ABOVE _____

USAC



P.O. Box 7026
3833 Greenway Drive
Lawrence, KS 66044-7026

Bob Lee
PRATT CENTE SCHOOL DISTRICT 382
401 N. N. RESCUE ST
PRATT, KS
67124

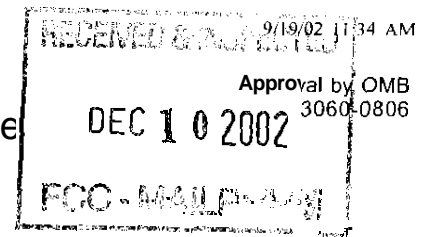
ATTENTION:
2002-2003 E-RATE APPLICANTS
Applicant Form Identifier: US03821271

MAILING DATE:
November 22, 2002

RECEIVED & INSPECTED
DEC 10 2002

Schools and Libraries Universal Service

Description of Services Requested and Certification Form

470

Estimated Average Burden Hours Per Response: 5.0 hours

This form is designed to help you describe the eligible telecommunications-related services you seek so that this data can be posted on the Fund Administrator **website** and interested service providers can identify you as a potential customer and compete to serve you.

Please read instructions before completing.

(To be completed by entity that will negotiate with providers.)

Block I - Applicant Address and Identifications

(School, library, or consortium desiring Universal Service funding.)

Form 470 Application Number: °° 290010000382173
Applicant's Form Identifier: °° USD382F1
Application Status: °° CERTIFIED
Posting Date: °° 11/21/2001
Allowable Contract Date: °° 12/19/2001
Certification Received Date: °° 11/26/2001

1. Name of Applicant: ° PRATT UNIF SCHOOL DISTRICT 382			
2. Funding Year: ° 07/01/2002 - 06/30/2003		3. Your Entity Number °°°° 137896	
4. Applicant's Street Address, P.O.Box, or Route Number			
a. Street 401 N NINNESCAH ST			
City PRATT	State KS	Zip Code 5Digit 67124	Zip Code 4Digit 1606
b. Telephone number (316)° 672- 4500		c. Fax number (316)° 672- 4509	
d. E-mail Address kenneth.kennedy@usd382.k12.ks.us			
5. Type Of Applicant (Check only one box)			
<input type="radio"/> Library °° (including library system, library branch, or library consortium applying as a library)			
<input type="radio"/> Individual School °° (individual public or non-public school)			
<input type="radio"/> School District °° (LEA; public or non-public [e.g., diocesan] local district representing multiple schools)			
<input type="radio"/> Consortium °° (intermediate service agencies, states, state networks, special consortia)			
6a. Contact Person's Name: Bob Lee			
6b. Street Address, P.O.Box, or Route Number (if different from Item 4)			

DEC 10 2002

401 N NINNESCAH ST			
City PRATT	State KS	Zip Code 5Digit 67124	Zip Code 4Digit 1606
6c. Telephone Number (10 digits + ext.) (316) 672- 4550			
6d. Fax Number (10 digits) (316) 672- 4559			
6e. E-mail Address (50 characters max.) bob lee@usd382.k12.ks.us			

Block 2: Summary Description of Needs or Services Requested

7. This Form 470 describes (check all that apply):

- a. ☐ Tariffed services - telecommunications services, purchased at regulated prices, for which the applicant has no signed, written contract. A new Form 470 must be filed for tariffed services for each funding year.
- b. ☐ Month-to-month services for which the applicant has no signed, written contract. A new Form 470 must be filed for these services for each funding year.
- c. ☒ Services for which a new written contract is sought for the funding year in Item 2.
- d. ☐ A multi-year contract signed on or before 7/10/97 but for which no Form 470 has been filed in a previous program year.

NOTE: Services that are covered by a qualified contract for all or part of the funding year in Item 2 do NOT require filing of Form 470. A qualified contract is a signed, written contract executed pursuant to posting a Form 470 in a previous program year OR a contract signed on/ before 7/10/97 and reported on a Form 470 in a previous year as an existing contract.

8. ☒ Telecommunications Services

Do you have a Request for Proposal (RFP) that specifies the services you are seeking?

a. ☐ YES, I have an RFP. Choose one of the following: It is available on the Web at _____ or via ☐ the Contact Person in Item 6 or ☐ the contact listed in Item 11.

b. ☒ NO, I do not have an RFP for these services.

If you answered NO, you must list below the Telecommunications Services you seek. Specify each **service or function** (e.g., local voice service) and quantity and/or capacity (e.g., 20 existing lines plus 10 new ones). See the Eligible Services List at www.sl.universalservice.org for examples of eligible Telecommunications Services, and remember that only common carrier telecommunications can provide these services under the universal service support mechanism. Add additional lines if needed.

Service or Function:	Quantity and/or Capacity:
WAN	100mbs Fiber WAN connecting 5 sites

9. ☒ Internet Access

Do you have a Request for Proposal (RFP) that specifies the services you are seeking?

a ☒ **YES**, I have an RFP. Choose one of the following: It is available on the Web at **www.usd382.k12.ks.us/rfp/netproposal.htm**
or via ☐ the Contact Person in Item 6 or ☐ the contact listed in Item 11.

b ☐ **NO**, I do not have an RFP for these services.

If you answered NO, you must list below the Internet Access Services you seek. Specify each **service or function** (e.g., monthly Internet service) and quantity and/or capacity (e.g., for 500 users). See the Eligible Services List at www.sl.universalservice.org for examples of eligible Internet Access Services. Add additional lines if needed.

10 ☐ **Internal Connections**

Do you have a Request for Proposal (RFP) that specifies the services you are seeking?

a ☒ **YES**, I have an RFP. Choose one of the following: It is available on the Web at
or via ☐ the Contact Person in Item 6 or ☐ the contact listed in Item 11.

b ☐ **NO**, I do not have an RFP for these services.

If you answered NO, you must list below the Internal Connections Services you seek. Specify each **service or function** (e.g., local area network) and quantity and/or capacity (e.g., connecting 10 rooms and 300 computers at 56Kbps or better). See the Eligible Services List at www.sl.universalservice.org for examples of eligible Internal Connections Services. Add additional lines if needed.

11 (Optional) Please name the person on your staff or project who can provide additional technical details or answer specific questions from service providers about the services you are seeking. This need not be the contact person listed in Item 6 nor the signer of this form.

Name: _____ Title: _____

Telephone number (10 digits + ext.)

() -

Fax number

() -

E-mail Address (50 characters max.)

12. ☐ Check here if there are any restrictions imposed by state or local laws or regulations on how or when providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures, and/or give Web address where they are posted.

13. ☐ (Optional) Purchases in future years: If you have plans to purchase additional services in future years, or expect to seek new contracts for existing services, summarize below (including the likely time-frames).

Block 3: Technology Assessment

DEC 10 2002

FCC - MARIPOSA

14. ☐ **Basic telephone service only:** If your application is for basic local and long distance voice telephone service only, check this box and skip to Item 16.

15. Although the following services and facilities are ineligible for support, they are usually necessary to make effective use of the eligible services requested in this application. Unless you indicated in Item 14 that your application is ONLY for basic telephone service, you must check at least one box in (a) through (e). You may provide details for purchases being sought.

a. Desktop communications software: Software required ☒ has been purchased; and/or ☐ is being sought.

b. Electrical systems: ☒ adequate electrical capacity is in place or has already been arranged; and/or ☐ upgrading for additional electrical capacity is being sought.

c. Computers: a sufficient quantity of computers ☒ has been purchased; and/or ☐ is being sought.

d. Computer hardware maintenance: adequate arrangements ☒ have been made; and/or ☐ are being sought.

e. Staff development: ☒ all staff have had an appropriate level of training or additional training has already been scheduled; and/or ☒ training is being sought.

f. Additional details: Use this space to provide additional details to help providers to identify the services you desire.

Block 4: Recipients of Service

16. Eligible Entities That Will Receive Service:

Check the ONE choice that best describes this application and the eligible entities that will receive the services described in this application.

You must select a state if (b) or (c) is selected: KS

a. ☐ Individual school or single-site library: Check here, and enter the billed entity in Item 17.

b. ☐ Statewide application (check all that apply):

☐ All public schools/districts in the state:

☐ All non-public schools in the state:

☐ All libraries in the state:

If your statewide application includes INELIGIBLE entities, check here: ☐ If checked, complete Item 18.

c. ☒ School district, library system, or consortium application to serve multiple eligible sites:

Number of eligible sites	7
<i>For these eligible sites, please provide the following</i>	
Area Codes (list each unique area code)	Prefixes associated with each area code (first 3 digits of phone number) separate with commas, leave no spaces

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If your application includes INELIGIBLE entities, check here. ☐ If checked, complete Item 18.**17. Billed Entities**

Entity Name	Entity Number
PRATT UNIF SCHOOL DISTRICT 382	137896

18. Ineligible Entities

Ineligible Participating Entity	Entity Number	Area Code	Prefix
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Block 5: Certification**19. The applicant includes: (Check one or both)**

- a. ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
- b. ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to) elementary and secondary schools, colleges and universities.

20. All of the individual schools, libraries, and library consortia receiving services under this application are covered by:

- a. ☒ individual technology plans for using the services requested in the application
- b. ☐ higher-level technology plans for using the services requested in the application
- c. ☐ no technology plan needed; application requests basic local and long distance telephone service only.

21. Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):

- a. ☒ technology plan(s) has/have been approved by a state or other authorized body.
- b. ☐ technology plan(s) will be approved by a state or other authorized body.
- c. ☐ no technology plan needed; application requests basic local and long distance telephone service only.

22. ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

23. ☒ I recognize that support under this support mechanism is conditional upon the school(s) or library(ies) I represent securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use the services purchased effectively.

24. ☒ I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

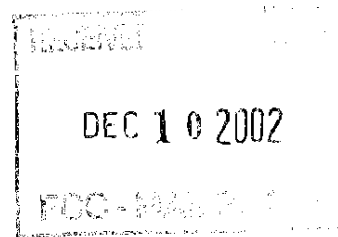
25. Signature of authorized person: ☒

26. Date (mm/dd/yyyy): **11/26/2001**

27. Printed name of authorized person: **Kenneth Kennedy**

28. Title or position of authorized person: **Superintendent of Schools**

29. Telephone number of authorized person: **(620) 672 - 4500** ext.

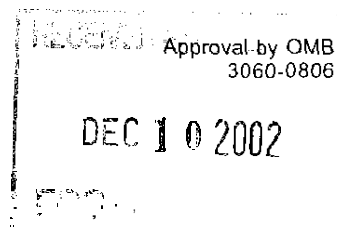


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FCC Form

470

Schools and Libraries Universal Service Description of Services Requested and Certification Form



Estimated Average Burden Hours Per Response: 5.0 hours

This form is designed to **help** you describe the eligible telecommunications-related services you seek so that this data can be posted on the Fund Administrator website and interested service providers can identify you as a potential customer and compete to serve you.

Please read instructions before completing.

(To be completed by entity that will negotiate with providers.)

Block 1: Applicant Address and Identifications (School, library, or consortium desiring Universal Service funding.)

Form 470 Application Number: °° 800470000405049
Applicant's Form Identifier: °° USD382F1rev
Application Status: °° CERTIFIED
Posting Date: °° 12/18/2001
Allowable Contract Date: °° 01/15/2002
Certification Received Date: °° 12/19/2001

1. Name of Applicant: PRATT UNIF SCHOOL DISTRICT 382			
2. Funding Year: 07/01/2002 - 06/30/2003		3. Your Entity Number 137896	
4. Applicant's Street Address, P.O.Box, or Route Number			
a. Street 401 N NINNESCAH ST			
City PRATT	State KS	Zip Code 5Digit 67124	Zip Code 4Digit 1606
b. Telephone number (316) 672- 4500		c. Fax number (316) 672- 4509	
d. E-mail Address kenneth.kennedy@usd382.k12.ks.us			
5. Type Of Applicant (Check only one box)			
<input type="radio"/> Library °° (including library system, library branch, or library consortium applying as a library)			
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<input checked="" type="radio"/> School District °° (LEA; public or non-public [e.g., diocesan] local district representing multiple schools)			
<input type="radio"/> Consortium °° (intermediate service agencies, states, state networks, special consortia)			
6a. Contact Person's Name: Bob Lee			
6b. Street Address, P.O.Box, or Route Number (if different from Item 4)			

DEC 10 2002

FCC-MAIL

401 N NINNESCAH ST			
City PRATT	State KS	Zip Code 5Digit 67124	Zip Code 4Digit 1606
6c. Telephone Number (10 digits + ext.) (316) 672- 4550			
6d. Fax Number (10 digits) (316) 672- 4559			
6e. E-mail Address (50 characters max.) bob.lee@usd382.k12.ks.us			

Block 2: Summary Description of Needs or Services Requested

7 This Form 470 describes (check all that apply):

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Service or Function:	Quantity and/or Capacity:
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DEC 10 2002

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Service or Function:

Quantity and/or Capacity:

Internet Access

Access for 325 workstations via T-1 Frame Relay

10 ☐ Internal Connections

Do you have a Request for Proposal (RFP) that specifies the services you are seeking?

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Name:

Title:

Telephone number (10 digits + ext.)

() -

Fax number

() -

E-mail Address (50 characters max.)

12. ☐ Check here if there are any restrictions imposed by state or local laws or regulations on how or when providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures, and/or give Web address where they are posted.

13. (Optional) Purchases in future years: If you have plans to purchase additional services in future years, or expect to seek new contracts for existing services, summarize below (including the likely time-frames).

Block 3: Technology Assessment

14.	<input type="checkbox"/> Basic telephone service only: If your application is for basic local and long distance voice telephone service only, check this box and skip to Item 16.
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a.	Desktop communications software: Software required <input checked="" type="checkbox"/> has been purchased; and/or <input type="checkbox"/> is being sought.
b.	Electrical systems: <input checked="" type="checkbox"/> adequate electrical capacity is in place or has already been arranged; and/or <input type="checkbox"/> upgrading for additional electrical capacity is being sought.
c.	Computers: a sufficient quantity of computers <input checked="" type="checkbox"/> has been purchased; and/or <input type="checkbox"/> is being sought.
d.	Computer hardware maintenance: adequate arrangements <input checked="" type="checkbox"/> have been made; and/or <input type="checkbox"/> are being sought.
e.	Staff development: <input checked="" type="checkbox"/> all staff have had an appropriate level of training or additional training has already been scheduled; and/or <input checked="" type="checkbox"/> training is being sought.
f.	Additional details: Use this space to provide additional details to help providers to identify the services you desire.

Block 4: Recipients of Service

16. Eligible Entities That Will Receive Service:

Check the ONE choice that best describes this application and the eligible entities that will receive the services described in this application.

You must select a state if (b) or (c) is selected: **KS**

a. ☐ **Individual rechnol or single-site library:** Check here, and enter the billed entity in Item 17.

b. ☐ **Statewide application (check all that apply):**

- ☐ All public schools/districts in the state
- ☐ All noli-public schools in the state:
- ☐ All libraries in the state:

If your statewide application includes INELIGIBLE entities, check here. ☐ If checked, complete Item 18.

c. ☒ **School district, library system, or consortium application to serve multiple eligible sites:**

Number of eligible sites	7
<i>For these eligible sites, please provide the following</i>	
Area Codes (list each unique area code)	Prefixes associated with each area code (first 3 digits of phone number) separate with commas, leave no spaces

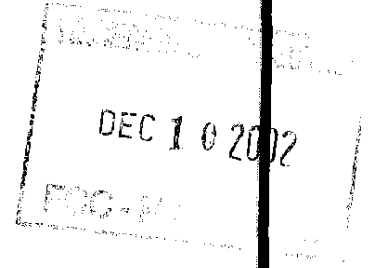
25. Signature of authorized person: ☒ °

26. Date (mm/dd/yyyy): ° 12/19/2001

27. Printed name of authorized person: ° Kenneth Kennedy

28. Title or position of authorized person: ° Superintendent of Schools

29. Telephone number of authorized person: ° (620) 672 - 4500 ° ext. °



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